

THE CLEVELAND MUSEUM OF ART

**FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**

MAY 6 to JUNE 14 1964

Born in Cleveland  YES  NO

YES  NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

**Collaborator if any**

None

### Artist

CAROLYN C. MARKS  
FIRST NAME LAST NAME

**FIRST NAME**

LAST NAME

Address 3397 DELLWOOD RD CLEVELAND HTS 44118 FIRST NAME CUYAHOGA LAST NAME FA 1-5885  
NO. 3397 STREET DELLWOOD RD CITY CLEVELAND HTS ZIP CODE 44118 COUNTY CUYAHOGA Tel. FA 1-5885

Out-of-town residents should state whether return shipment is required.  YES  NO

rug 3' x 5'

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR  
SALE      NUMBER IN  
EDITION  
(Graphic Parts )      PRICE      TITLE      MEDIUM      CLASS      DO NOT WRITE IN  
THESE COLUMNS

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.**

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

~~The submission of entries will be construed as acceptance of all conditions printed in this entry blank.~~

PAID MAIL  
The submission of this entry blank

*Graham C. Marks*  
404  
SIGNATURE

**SIGNATURE**